Facilitating a ‘non-judgmental’ skills-based co-design environment

Glazzard, M; Kettley, Richard; Kettley, Sarah; Walker, Sarah; Lucas, Rachel ; Bates, Matthew

Published in:
Design4Health

Publication date:
2015

Document Version
Publisher's PDF, also known as Version of record

DESIGN4 HEALTH

Extract of the

Proceedings of the 3rd European Conference on Design4Health

Sheffield 13-16th July 2015

Editor: Kirsty Christer

ISBN: 978-1-84387-385-3

Sheffield Hallam University | Art and Design Research Centre

LAB 4 LIVING

YORKSHIRE & HUMBER
ACADEMIC HEALTH SCIENCE NETWORK

DESIGN4 HEALTH
2015 European Conference

Facilitating a 'non-judgmental' skills-based co-design environment

Martha Glazzard, Richard Kettley, Sarah Kettley, Sarah Walker, Rachel Lucas, Matthew Bates

Nottingham Trent University, UK

Abstract

This paper reflects on a pilot study for the design of a series of e-textiles workshops developed for the Nottinghamshire Mind Network community of mental health and wellbeing service users, managers and volunteers. The final workshops will form part of 'An Internet of Soft Things' (IoSofT) project, which seeks to develop a Person-Centred Approach (PCA) to design. The workshops should be experienced by participants as a non-judgemental environment, as one of the conditions of the Person-Centred Approach – unconditional positive regard (UPR) (Rogers, 1957). While the research team agree in theory that participants should feel safe and supported, putting non-judgement into practice in a multi-disciplinary environment, in which skills form the basis of workshop activity, has proved to be challenging. The paper introduces the key criteria of the PCA in psychotherapy, and describes the particular challenges that being non-judgemental presented to the textile designers and therapeutic practitioners who designed and facilitated the workshops. It presents an analysis of the design artefacts produced in the course of six workshop sessions (such as the 'group agreement'), and participant feedback, and discusses the resulting framework that will be applied in the next iteration of workshops to enable participants' comfort, creativity and autonomy.

Keywords: Participatory design, co-design, Person-Centred Approach, e-textiles, interdisciplinary communication, mental health

Proceedings of the Third European Conference on Design4Health 2015, Sheffield, 13 - 16 July 2015
ISBN 978-1-84387-385-3

Introduction

An Internet of Soft Things (IoSofT) investigates the potential for relationships between electronic textiles, interactive computing design and mental wellbeing. The project is developed and conducted using attitudes from the Person-Centred Approach (PCA) and Co-Design. While this project is aimed at mental health communities and services, we adhere to the idea that all people have mental health, therefore IoSoft contributes to ways of working towards wellbeing that do not begin with deficit models of the individuals and benefits non-medicalised care practices.

IoSofT acknowledges that creativity contributes greatly to mental wellbeing (Fowler, 2011). It agrees with Rogers' notion that, as creativity is novelty, we 'have no standard by which to judge it' (1961: 350-351), and prioritises the autonomy of the participant in experiencing their own interactions and outcomes.

This paper outlines the pilot study of the research and discusses the processes, results, problems and successes of the collaborative and multi-disciplinary approach(es).

The Person-Centred Approach

A key element of our Person-Centred Approach is an attitude of unconditional positive regard (UPR)[1] (Rogers, 1957) with emphasis on being non-judgemental and providing acceptance, respect and valuing (Sanders, 2006: 58).

UPR is held to be 'the curative factor' in therapy (Bozarth, 1988: 83), allowing the individual to develop unconditional positive self-regard and greater congruence (Bozarth & Wilkins, 2001: ix). This encourages a movement from reliance on self-protective behaviours to 'free and full functioning' (Rogers, 1959: 210) as a consequence of the non-judgemental environment.

UPR allows an 'untwisting' of people to allow them to participate in a 'joyful aliveness', free from definitions put in place by themselves or others (Hendricks, 2001: 133). In IoSofT we are not concerned with medical diagnoses of participants, knowledge of which can constitute a potentially dehumanising model of mental health (Freeth, 2007).

While we are working as researchers – not counsellors - in a mental health setting, we aspire to provide co-researchers – not clients – with the conditions for therapeutic change as part of our ethical approach, which 'depends on acceptance, empathy and non-judgemental facilitation' (Rogers, 1993:15). Guided by the humanistic principles that the creative process is healing and that all people have an innate ability to be creative, Rogers finds 'it is truly amazing and refreshing to be in an environment where judgment and evaluation of any kind are at a minimum or non-existent. It is freeing and invigorating. It is like letting a bird out of a cage' (1993:15).

[1]UPR is one of the 'Six Necessary and Sufficient Conditions of Therapeutic Personality Change' (Rogers, 1957)

Proceedings of the Third European Conference on Design4Health 2015, Sheffield, 13 - 16 July 2015
ISBN 978-1-84387-385-3

Roles of facilitators/co-design/co-researchers

The workshop team consisted of three textile practitioners who developed practical exercises to introduce the participants to e-textiles, and assisted and encouraged independent design ideas and production. Two therapeutic practitioners were present to facilitate 'check-in' and 'check-out', the group agreement, and the collection of participant feedback using Recovery Stars (MacKeith *et al*, 2013) and specially designed forms.

All facilitators took time to discuss participants' ideas, questions or concerns. Offering a PCA encouraged the formation of warm, open relationships between the facilitators and participants, fostering a safe environment, and enabling trust and creativity to develop throughout the workshops.

The first three workshop sessions aimed to provide skills to the participants as an introduction to e-textile making. Weeks 4 – 6 built on these skills and provided more autonomy to participants to conceive their own design outcomes in a self-directed, supported environment. The workshop was conceptualised as a short-term design project with five key objectives, as shown in Table 1. The expectations of three disciplines present in the team (textile design, therapy, and co-design) were negotiated through this simple comparison. The textile design approach is similar to Action Research (Downes, 2009), the therapeutic approach is based on Rogers' seven stages of personal growth (Rogers, 1958), and the co-design approach is based on the work of Druin (2002). The table shows the similarities between the different approaches to design research at play in the multidisciplinary project and allowed team members to find common ground, towards working in an interdisciplinary way.

Table 1: Comparison of approaches to design-based research across project disciplines used during the IoSoft pilot study

#	*Textile design*	*Therapeutic*	*Co-design (from computer science)*
1	Familiarisation	Psychological contact	Familiarisation
2	Conceptualisation/ Experimentation	Establish relationship	Conceptualisation
3	Creation	Meaning making	Creation
4	Reflection	Awareness of self	Modification
5	Modification	Autonomy	Presentation

Description of pilot study process

Proceedings of the Third European Conference on Design4Health 2015, Sheffield, 13 - 16 July 2015
ISBN 978-1-84387-385-3

The pilot stage tested the workshop format on a sample of participants including members of the project team and undergraduate students. Using team members in the pilot study stage provided an opportunity to share skills and generate empathetic appreciation of the processes of textile design, making and workshop development.

The pilot study comprised six sessions, each lasting three hours, run on consecutive weeks. The group was limited to ten participants and featured five facilitators, some of whom also participated in making. Workshop facilitators worked in partnership with the participants to generate and develop participants' design ideas. As the participants became more skilled and autonomous in their design over the course of the workshops, the roles of the facilitator and the participant became blurred (Jacobs, 2007) and co-design experiences began to develop.

The making programme for the pilot study sessions is outlined in Table 2. Each session was opened with a 'check in' (Yalom, 1995: 124) allowing participants and facilitators to express their current state of mind, or share any issue or thought about their lives or the workshops. At the end of each session there was an opportunity for participants to fill in feedback sheets about their creative process and workshop experiences, followed by a 'check out' – another opportunity for all participants and facilitators to share thoughts and reflections with the group. The use of Recovery Stars (MacKeith *et al*, 2013) was introduced in the first week and revisited several times across the pilot study in one-to-one interactions with one of the therapeutic practitioners.

Table 2: Description of weekly workshop format.

Week 1	Introduction to project, development of 'group agreement', opportunity to learn basic sewing techniques, production of a simple, stitched circuit
Week 2	Revisiting group agreement, production of a range of simple textile switches
Week 3	Adding circuits to pre-bought garments – considering 3-dimensionality and types of interaction
Week 4	Introduction to design fundamentals, development of participants' own project ideas
Week 5	Continuation of participants' own projects, including time for testing and evaluation
Week 6	Completion of participants' own projects, collection of final feedback

Analysis of outcomes

Proceedings of the Third European Conference on Design4Health 2015, Sheffield, 13 - 16 July 2015
ISBN 978-1-84387-385-3

Group agreement

The group agreement comes from the principle of 'contracting' in psychotherapy for the purpose of transparency and safety (Sills, 2006: 3). By offering group members the opportunity to say how they wanted to be, and to be treated by others in the group, we gave everyone a voice in shaping the nature of the group experience, and to verbalise – and therefore reduce – any fears they might have (Figure 1). Confidentiality and anonymity were important, particularly given the dual roles of the participants, for example, university staff who had working relationships outside the group and students from the same university department. Other themes referred to the attitudes that group members wished to show to themselves and to others, including the importance of being non-judgemental.

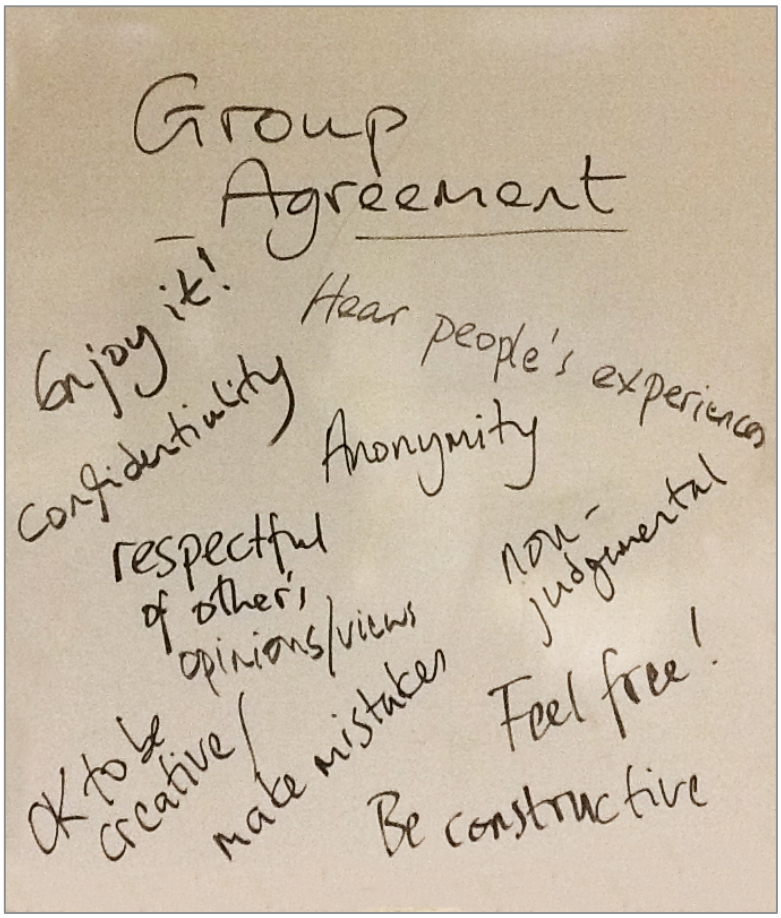

Figure 1: Group agreement developed in weeks 1 and 2 of the pilot study showing the different requirements suggested by participants and facilitators.

Participant feedback

Proceedings of the Third European Conference on Design4Health 2015, Sheffield, 13 - 16 July 2015
ISBN 978-1-84387-385-3

In the feedback at the end of each workshop session, participants were asked to comment on their experience of making in a relational, therapeutic environment. As all the group members, including the facilitators, had agreed on bringing a non-judgemental attitude, feedback shows the positive impact of this on both making and wellbeing. One participant stated that it was "nice to do something creative without being judged on it", and another commented that "making a messy one [prototype] first worked well for me, rather than being told I HAD to plan it".

Some comments pertained to participants' wellbeing and showed the positive effects of the non-judgemental workshop format. When asked about their experience of the combination of therapeutic discussion with practical making, one participant "found this comforting, as there wasn't any pressure or prescriptive way to be" and another thought that this "encouraged participants to share ideas and communicate their feelings". These comments demonstrate the connection between the non-judgemental attitude and the facilitation of positive self-regard and congruence (Rogers, 1957).

Physical artefacts

Self-directed physical artefacts produced in the pilot study workshops gave each participant the opportunity to develop and express themselves through acts of designing and making. The artefacts incorporated elements of interactivity (between one person and the object, or between two people); communication; aesthetic display; gestural interaction; and exploration of circuitry and object form.

One participant brought in a personal item (guitar strap) to develop as a project (Figure 2). This allowed him to bring his personal hobby into the workshop to enrich the meaningfulness of his workshop experience.

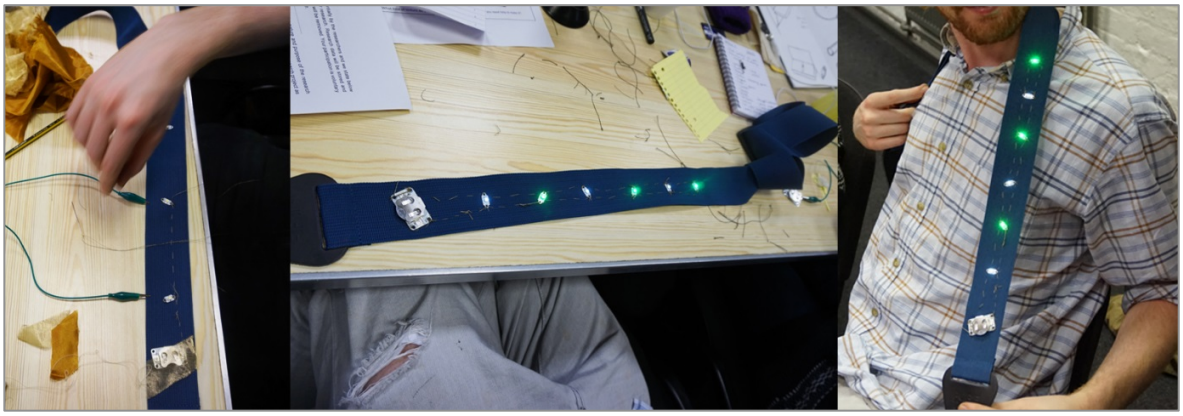

Figure 2: Participant's personal guitar strap and process of adding electronic element.

Other examples of constructing meaning through physical artefacts included making items of clothing such as scarves and gloves. One such example was a scarf (Figure 3) inspired by

Proceedings of the Third European Conference on Design4Health 2015, Sheffield, 13 - 16 July 2015
ISBN 978-1-84387-385-3

prototyping methods demonstrated by facilitators. The scarf included pressure sensors to create a 'smart scarf' with an anthropomorphic pom-pom attachment to express mood (according to the participant's specification). Via a snap-fastener, this could be attached to the garment and compressed to express happiness or feelings of contentment.

Figure 3: Scarf with a gestural interface to activate the circuit.

The design of wearable articles was driven by participants' topical experiences at the time and were subsequently realised via discussion with facilitators on a one-to-one basis. The design and making of these objects promoted discourse between workshop participants allowing for fast and efficient resolution of problems associated with the designs and functions of these articles.

The participants expressed frustration when unable to finish their tasks during the sessions, which conveyed a level of involvement in the tasks and attachment to the object/process. This participant group developed a competitive element and the members set themselves ambitious tasks. One example of this is the Christmas tree in Figure 4. The complexity of its circuit design required several prototyped versions before it could be completed after the end of the workshop sessions; the participant later shared her accomplishment with the group via email.

Proceedings of the Third European Conference on Design4Health 2015, Sheffield, 13 - 16 July 2015
ISBN 978-1-84387-385-3

Figure 4: Participant's Christmas tree object, showed in prototyped and finished (on/off) states.

Participants expressed the importance of their experience in the workshops, and the objects sometimes became ways of making experiences (rather than necessarily functional objects). Because this experiential involvement is embodied in the object, it can be taken away and shared with others. It became an important outcome for several participants to share their experiences and objects with family, friends and colleagues.

Multidisciplinary – challenges/benefits

The interdisciplinary approach we have adopted brought together co-design (Computer Science) and a humanistic, relational model (the Person-Centred Approach mode of Psychotherapy) into a series of smart textiles workshops (Textile Design). The intention was to create an environment that was non-judgemental, open-ended, and ultimately guided by the participants. It was acknowledged that the purpose was as much to develop a co-design methodology using relational approaches to wellbeing (the aim of the IoSofT project) as to create smart textile objects.

It is significant that the textile facilitators felt that the co-design model and Person-Centred Approach were compatible with their existing practices. This is perhaps due to the emphasis on attitude rather than technique. Being non-judgemental, along with a desire to be of help and of use to the participants, is a key part of this shared and transferrable attitude. However, the facilitators perceived a potential paradox during the planning of the workshops' approach: on the one hand, the need to offer UPR to the participants and on the other hand the freedom to provide criticism and feedback to aid the teaching of electronic skills. This difficulty was discussed internally amongst the team and produced initial tensions between the position of the workshop tasks as 'wellbeing' or 'learning'. However in practice, by offering the attitudes of empathic understanding and unconditional positive regard, the workshops were designed to build human-human co-design relationships rather than those of hierarchical expert-novice relationships. This highlighted the importance of facilitating an environment in which participants were encouraged to feel autonomous in their choices and self-directed on their journey to reach their end goal.

On reflection our perceived paradox did not become an impasse. We actively made an effort to create a non-judgemental milieu (Sanders, 2006: 58-64), in which experimentation and failure were not only accepted, but also anticipated and welcomed. Work was discussed in terms of ongoing development (as opposed to a final assessment). This respected the participants' internal locus of evaluation (Mearns & Thorne, 2007: 15-16), rather than imposing an external set of criteria (such as creativity, function or skill). Accordingly, any judgements or decisions were made collaboratively by participant and facilitator. The final approach emphasised the validity of each individual's process in building their circuit, acknowledging pluralistic routes rather than the binary attitude of 'right' or 'wrong'.

Proceedings of the Third European Conference on Design4Health 2015, Sheffield, 13 - 16 July 2015
ISBN 978-1-84387-385-3

Sanders acknowledges the critique of UPR: 'that it is plainly impossible to guarantee it' (2006: 63). However, he counters the notion by emphasising that such encounters are 'by humans, with humans, for humans... it really is the reality of human contact with all of its potential flaws, and all of its wonderful potential moments of validation and joy' (2006: 63-64) that makes it work.

In exploring the politics of helping, Mearns coins the term 'articulation' to describe 'a process of genuine dialogue' (2006: 133) between the helpers - in this case, the interdisciplinary team – which aims to arrive at a 'best fit' of all our needs. This is an ongoing and dynamic process that will change as we move from pilot study to the study itself (phase 1 of the project) through phase 2 (in the living space) and to phase 3 (in the wild) (IoSofT 2015). At each stage we anticipate the 'best fit' to change shape. Such flexibility and openness is consistent with 'the quality of motion, of flow, of changingness' (Rogers, 1961: 154) that characterises a self-aware, reflexive state.

Conclusion and reflection

The pilot study has been vital in testing the Person-Centred Approach to integrating therapeutic techniques with co-design in skills-based workshops. Through striving to ensure a non-judgemental, supportive environment, participants reported they felt free to explore their autonomy and creativity.

Moving on to the main study the pilot study has proved valuable to informing our approach. The framework developed for the format of the pilot study was found to be suitable for implementation in later stages of the research. The practical, weekly activities in the workshops leave room for autonomous, participatory work, as well as opportunities for co-design and group work. The workshop format continues to act as a living template that can react and adapt organically to both individual and group needs. Production of a group agreement and providing sufficient opportunity to participants' to reflect and feedback throughout the workshop(s) will continue to play a vital part in the tailoring of our approach to each group and each person's needs. Unconditional Positive Regard continues to be a guiding principal in the creation of a non-judgemental workshop environment. The participants in the pilot study were self-selecting, and did not include any Mind service users. Some revealed lived experience of mental health issues, but this was not a pre-condition of their involvement. The next workshop will be conducted with registered Mind service users in Bassetlaw, and we will need to reflect again on the workshop process as a result.

Proceedings of the Third European Conference on Design4Health 2015, Sheffield, 13 - 16 July 2015
ISBN 978-1-84387-385-3

References

BOZARTH, J. (1998). Person-Centred Therapy: A Revolutionary Paradigm. Ross-on-Wye. PCCS Books.

BOZARTH, J. and WILKINS, P. (2001). Introduction to Volume 3: Unconditional Positive Regard in Context. In J. BOZARTH and P. WILKINS eds. *Rogers' Therapeutic Conditions: Evolution, Theory and Practice: UPR*, 3, Ross-on-Wye: PCCS Books, 2001, vii-xiv.

DOWNES, T. (2009). Developing Communities of Practice: Glue, Buzz and Identities of Belonging. *Proc. Futurescan.* Association of Fashion and Textiles Courses Conference, University of Liverpool Foresight Centre, 17th–18th November 2009, 30-37.

DRUIN, A. (2002). The role of children in the design of new technology, *Behaviour & Information Technology,* 21 (1), 1-25.

FOWLER, M. (2011). Creative Approaches to Recovery for Adults with Mental Health Issues. OT Practice (19 December), 25-26.

FREETH, R. (2007). Humanising Psychiatry and Mental Health: The Challenge of the Person-Centred Approach. Oxford: Radcliffe.

HENDRICKS, M. (2001). An Experiential Version of Unconditional Positive Regard. In J. BOZARTH and P. WILKINS eds. *Rogers' Therapeutic Conditions: Evolution, Theory and Practice: UPR,* 3, Ross-on-Wye: PCCS Books, 2001, 126-144.

IOSOFT. (2015). An Internet of Soft Things. Last accessed 15th March 2015 at: http://aninternetofsoftthings.com/

JACOBS, M. (2007). Dual roles - blurring the boundaries in professional relationships. Lutterworth: BACP.

JONES, C., SHILLITO-CLARKE, C., and SYME, G. (2000). *Questions of ethics in counselling and therapy.* Buckingham: Open University Press.

MACKEITH, J. *et al*. (2013). Mental health recovery star: user guide. 3rd ed. ed. London: Mental Health Providers Forum.

MEARNS, D. (2006). *Psychotherapy: The politics of liberation or collaboration? A career critically reviewed*. In: G. Proctor *et al.* (eds) Politicizing the Person-Centred Approach: An Agenda for Social Change. Ross-on-Wye: PCCS Books, 2006, 127-142.

MEARNS, D. & THORNE, B. (2007). Person-Centred Counselling In Action (3rd Edition). London: Sage.

ISBN 978-1-84387-385-3

ROGERS, C. (1957). The necessary and sufficient conditions of therapeutic personality change. In H. KIRSCHENBAUM and V.L. HENDERSON eds. *The Carl Rogers Reader*. London: Constable, 1990, 219-235.

ROGERS, C. (1958). A process conception of psychotherapy. *American Psychologist,* 13 **(**4), 142-149.

ROGERS, C. (1959). A theory of therapy, personality and interpersonal relationships, as developed in the client-centred framework. In S. KOCH ed. *Psychology: A Study of Science, Formulations of the Person and the Social Context*. New York: McGraw-Hill, 1959, 3, 184-256.

ROGERS, C. (1961). On Becoming a Person. London: Constable.

ROGERS, N. (1993). The Creative Connection: Expressive Arts as Healing. Palo Alto: Science and Behavior Books, Inc.

SANDERS, P. (2006). The Person-Centred Counselling Primer. Ross-on-Wye: PCCS Books.

SILLS, C. (2006). Contracts in Counselling and Psychotherapy. London: Sage.

YALOM, I.D. (1995). The theory and practice of group psychotherapy. 4th ed. New York: Basic Books.

Proceedings of the Third European Conference on Design4Health 2015, Sheffield, 13 - 16 July 2015
ISBN 978-1-84387-385-3